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HEADQUARTERS
UNITED STATES ARMY FORCES IN FAR EAST
OFFICE OF THEATER SURGEON

CIRCULAR LETTER NO. 19

AFD 501
6 June 1945

NEUROPSYCHIATRIC INFORMATION

1. Current directives essential to military neuropsychiatry are listed below:

a. WAR DEPARTMENT CIRCULARS:

No. 164 (1944) - This circular states the basic policy regarding the conservation of manpower and utilization of enlisted men with physical or mental defects. The several modifications of this circular are not required for neuropsychiatry.

No. 3 (1944) - "Homosexuals". Provisions applicable to enlisted men have been superseded by AR 615-368 and Change 1, thereof. Provisions for officers are unchanged.

No. 270 (1944) - Section V is quoted as follows:

"V--PSYCHOLOGISTS.--1. Clinical psychologists commissioned in the Adjutant General's Department are being made available for assignment to the neuropsychiatric sections of named and numbered general and station hospitals of 1,000 beds or more. Requisitions for such officers will be forwarded to The Adjutant General through commanding generals of service commands concerned, or theater commanders when applicable.

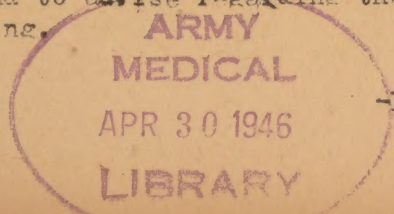
"2. Clinical psychologists will be assigned to duty in the neuropsychiatric sections of the hospital to serve under the direction and supervision of the chief of neuropsychiatric section. Their duties will be to--

a. Aid in the development and administration of the program of counseling designed to prepare convalescent patients for return to military service.

b. Assist in the preparation of clinical records, particularly including those requiring the use and interpretation of special psychological tests as desired by the chief of the neuropsychiatric section.

c. Assist in studies of special psychological problems related to the classification and retraining of neuropsychiatric casualties.

d. Assist in the determination of the appropriate military occupational specialty of men who are designated as ready for assignment, and to advise regarding their assignment to a specific duty or special training.



e. Perform such other professional and administrative duties in the hospital as will best assist the neuropsychiatrist in the accomplishment of the best management and disposition of patients".

No. 392 (1944) - This circular gives the minimum requirements for appointment as clinical psychologist in grade of 2nd Lt. It has been modified by WD Circular 31, 26 January 1945.

No. 295 (1944) - Section V is quoted as follows:

"V--PSYCHIATRIC SOCIAL WORKERS--1. In view of the extreme importance of the neuropsychiatric problem throughout the Army and because of the very limited number of neuropsychiatrists, full utilization at installations in continental United States should be made of trained psychiatric social workers, classified under Specification Serial No. (SSN) 263, TM 12-427, Military Occupational Classification of Enlisted Personnel (now being printed). These individuals are highly trained technicians who can assist the neuropsychiatrist in interviewing, obtaining histories, procuring social data, counseling with individuals to be discharged, and arranging for their reception at home. Final disposition of this type of case can be materially assisted and hastened through proper utilization of these individuals. Psychiatric social workers are essential to the proper functioning of the consultation service in training centers, as assistants to neuropsychiatric sections of hospitals and hospital annexes in the zone of interior.

"2. Any enlisted man qualified for assignment as a Psychiatric Social Worker, SSN 263, who is not being utilized in this or an equally scarce specialty, will be reported for reassignment under the provisions of paragraph 5, Memorandum No. W615-44, 29 May 1944, subject, Critically Needed Specialists".

No. 458 (1944) - "Determination of Line of Duty". This circular is identical with the pertinent section of AR 40-1025, 12 December 1944. One or the other of these should be studied carefully in its entirety. The special instructions regarding psychiatric cases is quoted for information below:

"Par. 1 g. (5) Psychiatric cases.

(a) In line of duty.--The following cases will be considered to be in line of duty irrespective of length of service:

1. Cases of schizophrenia, manic depressive psychosis, psychoses of similar nature, and psychoneurosis occurring in individuals in whom no evidence of the disorder in question existed prior to entry into service.

2. Cases of schizophrenia, manic depressive psychosis, psychoses of similar nature, and psychoneurosis occurring in individuals in whom predisposition to these diseases, but not the actual disease itself, existed prior to entry into the service. Neurotic traits in themselves will not be regarded as necessarily indicating the presence of psychoneurosis or psychosis.

3. Psychiatric conditions occurring in individuals in whom such conditions existed prior to entry into the service, but where there is evidence to show that the disorder has been aggravated by the service. (Whenever "permanency" of aggravation must be established as in determination of eligibility for retirement benefits, an aggravation will not be considered permanent if it is purely situational and if it is evident that it will be removed, with reversion of the disorder to its previous degree of severity, within a reasonable time, upon return to civilian life.

(b) Not in line of duty.--The following cases will be considered to be not in line of duty: cases of schizophrenia, manic depressive psychosis, psychoses of similar nature, and psychoneurosis where available evidence clearly indicates the existence of the disease prior to entry into the service, and that the disease was not aggravated by the service."

No. 373 (1944) - "Casualties". Par. 4 b is quoted:

"(b). Nonbattle casualties.--All casualties not listed in "a" above are nonbattle casualties. Psychoneurosis or mental disease developing under battle condition (commonly but improperly designated battle neurosis, hysteria, shell shock, etc.) will not be classified as a battle casualty or reported as wounded or injured in action".

No. 443 (1944) - "Army Personnel Classification Tests".

This Circular is essential for clinical psychologists. It gives data on all tests and tells how they may be obtained.

No. 81 (1945) - Section III, "Personnel". This circular materially modifies psychiatric diagnosis and gives a clear statement of disposition policies in N-P patients.

No. 111 (1945) - Section IV is quoted. (WD AGO Form 8-49 is identical with MD Form 55 E-10).

"IV--Neurological Examination - 1. WD AGO Form 8-49, Neurological Examination, will be routinely used and be made a part of the clinical record in all neurological and psychiatric cases and in such other cases where its use may be indicated in all hospital installations.

2. These instructions supersede Circular Letter No. 53, Office of The Surgeon General, 1943."

b. ARMY REGULATIONS:

AR 40-1025, dated 12 December 1944. Paragraph 63, "Line of Duty for Disease or Injury", should be carefully studied. Paragraph 65, "Recording of line of Duty" allows for "ID: Undetermined", which may be useful in cases which should have a social investigation of pre-military history. Section IV - "Diseases: Nomenclature and Manner of Recording", supersedes the pamphlet, "Standard Terms for Diagnosis", which has been authoritative in this theater. The next issue of a circular letter will contain a complete list of authorized neuropsychiatric terms.

AR 615-361, dated 4 November 1944. This regulation covers policies and procedures for medical discharge from the army. Change 2, dated 1 March 1945, is of interest to psychiatrists and is quoted as follows:

"1. General.

c. (1) No individual with a disability incurred in line of duty except those listed below will be discharged on certificate of disability until definitive treatment has been completed, or maximum hospital benefit has been attained. Individuals having tuberculosis, chronic psychoses, or chronic degenerative neurological diseases will not be retained until maximum hospital benefit has been attained. Such cases will, however, receive appropriate treatment while awaiting disposition. Types of cases which should be retained for treatment include those requiring skin graft, bone graft, revision of amputation stumps, closure of colostomy, neurosurgical procedures, etc. and those with psychoneurosis severe enough to require hospital treatment.

(5) A diagnosis of psychoneurosis will not in itself constitute adequate cause for discharge under the provisions of these regulations. Each case diagnosed will be evaluated from the following standpoints:

- (a) The type and severity of symptoms.
- (b) Their external precipitating stress.
- (c) The premorbid personality and predisposition and,
- (d) The degree of incapacity.

Only those individuals who are disabled for service and who give no promise of being able to render future service are eligible for discharge".

AR 615-368, dated 7 March 1945, "Discharge - Undesirable Habits or Traits of Character". Should be carefully studied by all psychiatrists. The old Section VIII has been changed materially. Change 1 dated 10 April 1945 reads as follows:

2. Basic War Department policy to be observed.

* * * * *

b. The policy of the War Department in dealing with homosexual offenses and attempted offenses is as follows:

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(21) The mere confession by an individual to a psychiatrist that he possesses homosexual tendencies will not in itself constitute sufficient cause for discharge under these regulations. In such cases the individual concerned will, upon the recommendation of the psychiatrist, be hospitalized and, depending upon the results of the observation and treatment, will be either restored to duty or separated from the service."

AR 615-369, dated 20 July 1944. "Discharge - Inaptness, Lack of Required Degree of Adaptability, or Enuresis". This regulation should be carefully studied. Cases of simple adult maladjustment and emotional immaturity fall under this regulation, as well as mental deficiency and enuresis.

c. WAR DEPARTMENT TECHNICAL BULLETINS:

TB Med 12, dated 22 Feb 1944 - "Lecture Outlines for Officers on Personnel Adjustment Problems".

TB Med 15, dated 7 March 1944 - "Standard Terms for Diagnosis". This short medical bulletin condemns diagnosing psychoneurosis merely by exclusion of organic disease.

TB Med 21, dated 15 March 1944 - "Lecture Outlines for Enlisted Men on Personal Adjustment Problems".

TB Med 33, dated 21 April 1944 - "Induction Station Neuropsychiatric Examination".

TB Med 74, dated 27 July 1944 - "Electroencephalography: Operative Technique and Interpretation".

TB Med 76, dated 28 July 1944 - "Neurological Diagnostic Techniques". Change 1, dated 23 March 1945, prohibits use of cisternal puncture when lumbar puncture will accomplish the desired result.

TB Med 80, dated 3 August 1944 - "Reconditioning Program for Neuropsychiatric Patients".

TB Med 84, dated 10 August 1944 - "Treatment Program for Psychiatric Patients in Station and General Hospitals." This is a most important contribution.

TB Med 94, dated 21 September 1944 - "Neuropsychiatry for General Medical Officer".

TB Med 103, dated 10 October 1944 - "Group Psychotherapy".

TB Med 115, dated 14 November 1944 - "Clinical Psychological Service in Army Hospitals". Change 1, dated 19 March 1945, makes important modifications.

TB Med 155, dated April 1945 - "Aphasic Language Disorders".

Note: The neuropsychiatric consultant is making an effort to procure sufficient copies of the above TB Med to distribute to all neuropsychiatrists.

d. USAFTE CIRCULARS:

No. 86 (1944) - Paragraph 8e of this circular requires that mentally incompetent patients (those who are incapable of conducting rational correspondence), will be reported to USAFTE on admission, on evacuation, and on the 13th and 18th of each month. See circular for details of report.

No. 1 (1945) - Rescinds USAFTE Cir. 14 (1944). Gives theater procedure in AR 615-368 and AR 615-369 cases.

No. 42 (1945) - "Utilization and Disposition of Military Personnel with Physical or Mental Defects". This circular covers theater policy and procedure in disposition of patients. A thorough knowledge of its provisions is essential to psychiatric work. It supersedes USAFTE Circular No. 96 (1944).

e. USAFTE TECHNICAL MEMORANDA:

No. 3 (1945) - "Diagnosis of Minor Psychiatric Disorders". This memorandum is being combined with USASOS Technical Memorandum No. 6 (1944) and both are being brought up to date for early distribution.

f. USASOS REGULATIONS:

USASOS Reg. 50-15, dated 21 December 1944 - "Evacuation". Par. 18 of this regulation covers classification of psychiatric patients for evacuation. A revision of this regulation is in process.

USASOS Reg. 50-25, dated 15 February 1945. - "Hospitalization". Paragraphs 10 and 12 are especially important to psychiatrists. Par. 12 a (5) requires that "In psychiatric cases a short descriptive statement will be used in lieu of the diagnosis", on letters notifying commanding officers of the patients discharge. This allows psychiatrists to make the correct diagnosis on medical records and yet avoid stigmatizing the patient on his return to duty. A revision of this regulation will soon be published but will not materially change paragraphs 10 or 12.

g. CIRCULAR LETTERS - SURGEON GENERAL'S OFFICE:

The SGO Circular Letters were discontinued on 1 January 1944 and replaced by War Department Technical Bulletins. Some of them still apply, however, and are listed below:

No. 12, 1941. Subject: "Classification of Psychoses with Constitutional Psychopathic State of Constitutional Inferiority". This letter

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states that those cases of constitutional inferiority or psychopathy developing psychoses after six months service will be diagnosed as "psychosis unclassified". However, AR 40-1025 no longer includes the diagnostic term "psychosis unclassified"; therefore, it appears doubtful that this circular letter is still applicable.

No. 88, 1943. Subject: "Shock Therapy in the Treatment of Psychiatric Conditions". The instructions contained in this letter should be carefully studied by Medical Officers undertaking shock therapy.

No. 149, 1943. Subject: "Occupational Therapy in Army Hospitals". The material in this letter is covered in part in TB Meds 80 and 84. (NOT: this letter will be required where extensive occupational therapy and reconditioning programs are being undertaken).

No. 168, 1943. Subject: "Convalescent Reconditioning in Hospitals". See Note under Circular Letter No. 149.

No. 174, 1943. Subject: "Constitutional Psychopathic States". The following is quoted from paragraph 2: "Constitutional Psychopathic state is in the category of an inherent character trait and is not of itself a physical disability".

No. 176, 1943. Subject: "Early Recognition and Treatment of Neuropsychiatric Conditions in the Combat Zone". This letter contains material which has been largely superseded. Paragraph 4b, is still applicable and is quoted as follows:

"In certain theaters it has been found that the term "psychoneurosis" produced in the patient's mind the idea of war causation and incurability and thus materially interfered with recovery. The term "exhaustion", on the other hand, implied to the patient nonspecific etiology, natural occurrence, and speedy recovery. It was also in a measure true, in that the majority of cases this exhaustion was a strong contributory factor. If it is found expedient to use the term "exhaustion", as a preliminary diagnosis for combat neuropsychiatric casualties, the term should be employed only on the emergency medical tag (MD Form 52b) and the case re-diagnosed with the proper psychiatric term on the field medical record (MD Form 52c). The use of the term "exhaustion" for psychoneurosis will be confined to cases developing under enemy action. Cases of exhaustion free from psychiatric components and essentially "physical" in nature will be qualified with an appropriate term in addition to the word "exhaustion", for purposes of differentiation".

No. 182, 1943. Subject: "Convalescent Reconditioning in Hospitals". (Amends Circular Letter No. 168, 1943. See note under Cir. Letter No. 149).

No. 194, 1943. Subject: "Disposition of Individuals with Neuropsychiatric Disorders". This letter stresses the importance of conservation of manpower in individuals with minor neuropsychiatric disorders

as elaborated in War Department Circular No. 81, 1945. Paragraph 8 of this letter states that "physical standards or similar terms include nervous and mental conditions when used in Army Regulations and other War Department publications pertaining to medical matters".

h. CIRCULAR LETTERS - Office of Theater Surgeon, USAFFE.

Circular letters in this series have not contained material previously which is essential to neuropsychiatrists. Henceforth this medium will be used from time to time to disseminate information of particular interest to psychiatrists.

i. TRAINING MANUALS:

TM 8-260, 16 July 1941 - "Fixed Hospitals of Med Dept". Chapter 3, Section III, "Detention Ward", a digest of regulations pertaining to care of patients on locked wards. Section IV, "Neuropsychiatric Section". Authoritative statement regarding organization, personnel, and standard operating procedures on N-P closed wards. In case of serious mishaps on closed wards the Inspector General will inquire as to whether the provisions of Section III and IV had been ordered in writing and were routinely observed.

j. COMMAND LETTERS:

Letter GSB 311.7, Hq. USASOS, dated 9 February 1944 - Subject: "Censorship of Psychopathic Patients' Mail", is quoted as follows:

"1. It is desired that correspondence written by psychopathic patients in all hospitals be censored by qualified medical officers.

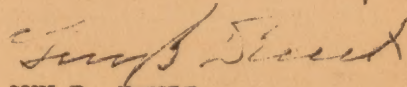
2. Hospital patients' letters which indicate extreme mental derangement should either be retained as hospital case records, or forwarded directly to the Theater Censor, Headquarters USAFFE, APO 501, with recommendations for disposition".

2. The Neuropsychiatric Statistical Reports for months of February, March, and April have been consolidated in this office. 69% of the minor psychiatric patients seen in the 14 reporting general hospitals were returned to duty during this three month period. The average work load per psychiatrist in the reporting units varied from 43 to 165 new patients examined per month. The Neuropsychiatric Statistical Report is now required of all fixed hospitals of 500 T/O beds or over.

3. War Department, USAFFE and USASOS publications are furnished by the Adjutant General's Department. They can be requisitioned on AGO Form 17 from Base Headquarters.

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4. Large size loose leaf binders for filing Circular Letters, TB Mads and other publications of neuropsychiatric interest are available. They may be requisitioned from Medical Supply, 1944 catalogue No. 7511000 "Binder, loose leaf, 1" ring, for 8 $\frac{1}{2}$ x 11 inch sheets".



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